PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/582,405			ing Date 24/2 00 7	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY	
FOR NU			JMBER FILED		NUMBER EXTRA		Г	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		1	N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A]	N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(a), (p),	E or (q))	N/A		N/A			N/A			N/A		
TO (37	FAL CLAIMS CFR 1.16(i))		14 minus 20 =		• 0		l	x \$ =		OR	X \$50 =	0	
INE (37	EPENDENT CLAIM CFR 1.16(h))			inus 3 =	• 0		1	x \$ =		1	X \$200 =	0	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	If the specification and d sheets of paper, the app is \$250 (\$125 for small e additional 50 sheets or fi 35 U.S.C. 41(a)(1)(G) ar			oplication size fee due I entity) for each r fraction thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										1			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.									1	TOTAL	0	
	APP	OED – F	_	SMALL ENTITY O			OTHER THAN OR SMALL ENTITY						
AMENDMENT	10/07/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	· 2	Minus	 20		= 0	1	x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	• 2	Minus	3		= 0	1	x \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT	INING ER		HEST MBER OUSLY FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus	**			1	x \$ =		OR	x s =		
Š	Independent (37 CFR 1,16(h))		Minus	***]	x \$ =		OR	x s =		
Ξ	Application Size Fee (37 CFR 1.16(s))]			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20", "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3", The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

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